NHS
Greater
Glasgow

The Health and Well-Being of the Greater Glasgow Population

November 2003

Summary Version of the Glasgow City Population

2002 Overview and Changes since 1999

Acknowledgements

Special thanks to all those who have assisted in the development and execution of this population survey, including:

- colleagues in the NHS Greater Glasgow Departments of Health Promotion and Public Health for their advice on specialist areas,

- the staff of RBA Research, the research company commissioned to conduct the survey and process the data and

- the members of public who so graciously agreed to give up their time and respond to the questionnaire.

Dr. Russell Jones	NHS Greater Glasgow
Evelyn Borland	NHS Greater Glasgow
Allan Boyd	NHS Greater Glasgow
Karen Lorenzetti	NHS Greater Glasgow
Janice Scouller	NHS Greater Glasgow
Lynnette Carey	Glasgow Alliance
Dr. Carol Tannahill	Health Scotland (formerly Public Health Institute Scotland)

November 2003

Table of Contents

CHAPTER 1

INTRODUCTION

Background

Since the early 1980s, there has been an increasing determination to improve health by addressing a broad range of health determinants, including both lifestyle factors and life circumstances. *Towards a Healthier Scotland*, the government's White Paper on public health established a national strategy for improving Scotland's health in 1999 that emphasized the need to address both sets of determinants. The subsequent health plan *Our National Health: a plan for action, a plan for change* (2000) underlined the need to tackle poverty and deprivation as the root causes of ill-health, directing resources to Social Inclusion Partnerships (SIPs). The Scottish White Paper *Partnership for Care* (2003) and the associated Health Improvement Challenge restates the objective to improve health and tackle health inequalities, linking health with other areas of public policy.

Both *Better Communities in Scotland - Closing the Gap* (the Scottish Executive's community regeneration statement) and *Partnership for Care* identify community planning (and their associated Joint Health Improvement Plans) as the means by which all the relevant partners can become engaged in improving health. NHS Greater Glasgow is a partner in the Glasgow Alliance and in the community planning partnerships in North and South Lanarkshire, East and West Dunbartonshire and East Renfrewshire.

Creating Tomorrow's Glasgow, the strategy of the Glasgow Alliance, sets forward a plan to re-establish Glasgow as a competitive city attracting and retaining jobs, people and opportunities. NHS Greater Glasgow has taken the lead role in ensuring that the health and well-being objective - that Glasgow will be a city where all citizens have the knowledge, services and support to live a safe, active and healthy life by 2010 - is met.

One way the government has developed initiatives to tackle inequalities is through Social Inclusion Partnerships (SIPs) which were designated to focus on the needs of either the residents of a defined geographical area of deprivation or of a particular client group. The Executive's strategy, *Social Justice: a Scotland where everyone matters* (1999), outlines a framework for tackling poverty and injustice and establishes a number of milestones relevant to SIP strategies. Eleven area-based SIPs (9 in Glasgow City, 1 in Cambuslang/Rutherglen and 1 in Clydebank) were designated in Greater Glasgow in 1999.[1] The Glasgow Alliance manages the 9 area-based SIPS in Glasgow City. A further partnership, Castlemilk, is also managed by Glasgow Alliance and is in receipt of SIP funding. In 2000, a Smaller Areas SIP operating in the areas of Toryglen, Penilee and Dumbarton Road Corridor was designated under the direction of Glasgow City Council.

The impact of these policy initiatives on the health and well-being of the Glasgow population requires careful and systematic monitoring over time. A study was

[1] *There were also three thematic SIPS designated in Greater Glasgow in 1999, but they are not included in the SIP vs. non-SIP breakdown for this analysis.*

commissioned in 1999 to provide baseline data on a set of core health indicators. Interviews were conducted with 1,693 Glasgow residents aged 16 and over. The primary aim of the study was to provide baseline data for a variety of health-related measures in the population generally and in both SIP and non-SIP areas to track change over time and in particular to measure changes in health inequalities. As a result of findings from the baseline study, NHS Greater Glasgow set priorities to ensure investment is in place to meet the greatest need.

The study reported here is the first follow-up of the 1999 baseline Health and Well-being Study. It provides the opportunity to assess the perceived health status of people in Glasgow in 2002, as well as monitor the core indicators and track changes over time. (This will be the first of several follow-up studies to be conducted approximately every three years.) This study will allow both a snapshot view of residents of Glasgow in 2002, as well as an initial indication of any changes that may be occurring; however, it is important to note that many of the initiatives introduced will take some time before changes are expected on a population level. The 2002 survey results will provide useful information for the emerging community planning agenda.

Methodology

Questionnaire Design

An advisory group was formed to facilitate this study and was comprised of members with extensive experience with survey research, health informatics and working with SIPs. As this is a follow-up study, the questionnaire used for the 1999 study was used as the basis for the 2002 study, but was revised by the advisory group to counteract some of the problems encountered in 1999. For example, the 1999 questionnaire was shortened, and the question order re-arranged so that the questions that did not obviously relate to physical health came later in the interview.[2] RBA Research Inc. was commissioned to conduct fieldwork and initial analysis.

Sample

The sample was stratified proportionately by local authority and DEPCAT[3], with addresses selected at random within each stratum. Adults were randomly selected within each household using the 'first birthday' rule.[4,5] The fieldwork was conducted between 13

---

[2] *Changing question order can impact on the reliability of trend data. There is, however, no evidence to suggest that the changes made have invalidated any individual items of trend data in this case.*

[3] *The Carstairs Deprivation Index represents a method of quantifying relative deprivation or affluence in different localities and is usually applied to postcode sectors. The scores are derived from four variables from the Census, namely car ownership, male unemployment, overcrowding, and the proportion of all persons in private households with an economically active head in social class 4 and 5 (semi- and unskilled-manual workers). They have been translated into seven categories or DEPCATS, from 1, the most affluent areas, to 7, the most deprived ones.*

[4] *The sampling technique was comparable with the system used in 1999, to allow results to be compared across the two surveys. This system was used to ensure that the sample was representative of the population of the Board's area as a whole in terms of age, sex, geographical distribution and index of deprivation.*

August and 20 December 2002. The response rate for all in-scope attempted contacts was 67%. In total, 1,802 face-to-face, in-home interviews were conducted with adults (aged 16 or over) in the NHS Greater Glasgow area. For this analysis, those residing in Glasgow were selected after weighting (n = 1149).

Weighting

Data were weighted to ensure that they were as representative as possible of the adult population in the Greater Glasgow Health Board area. There was a two stage weighting process. Stage 1 weighted for household size and Stage 2 weighted for gender, age and DEPCAT based on the Registrar General for Scotland 2000 Mid Year population estimates for age, sex and DEPCAT. Weighting was conducted in such a way that the sum of the weights matched the sample size.

Analysis and Reporting

The size of the sample for this study was sufficiently robust to allow for valid comparisons between residents living in SIP vs. non-SIP areas; however, it was not large enough to provide breakdowns for individual SIP or local authority areas, except for Glasgow City. [6] The findings presented in this report relate to the total sample.

In this report, differences between SIP and non-SIP residents are only discussed in the text if they were statistically significant at the level of $p<0.001$ due to the large number of comparisons made.[7,8] In Chapters 1 through 5, percentages in the tables have been rounded to the nearest whole number, so totals may not always equal 100%. For brevity, confidence intervals are not reported in the text; however, the reader is asked to bear in mind that all figures are sample estimates and may vary from the true value as defined by the confidence intervals.

The Sample

Map 1 displays both the local authorities and the SIP areas within Glasgow. The breakdown of the final weighted sample by age and gender, as well as by residence in either a SIP or non-SIP area is shown in Tables 1.1 and 1.2.

---

[5] *The 'first birthday' rule is a method of randomising people within the household by interviewing the adult with the next birthday.*

[6] *Two other local authority areas within NHS Greater Glasgow boundaries (East Dunbartonshire and South Lanarkshire) chose to boost the sample in their area so that comparisons could be made between their area and the NHS Greater Glasgow area. Separate reports are available for these comparisons.*

[7] *The Pearson Chi-Square test was used to determine statistically significant differences between proportions and t-tests were used for determining statistically significant differences between means.*

[8] *In many instances throughout this report, categories are combined for ease of presentation in the tables; however, in most cases, categories were left separate when using the Chi-square test.*

Map 1 Glasgow City Boundary and Social Inclusion Partnership Areas

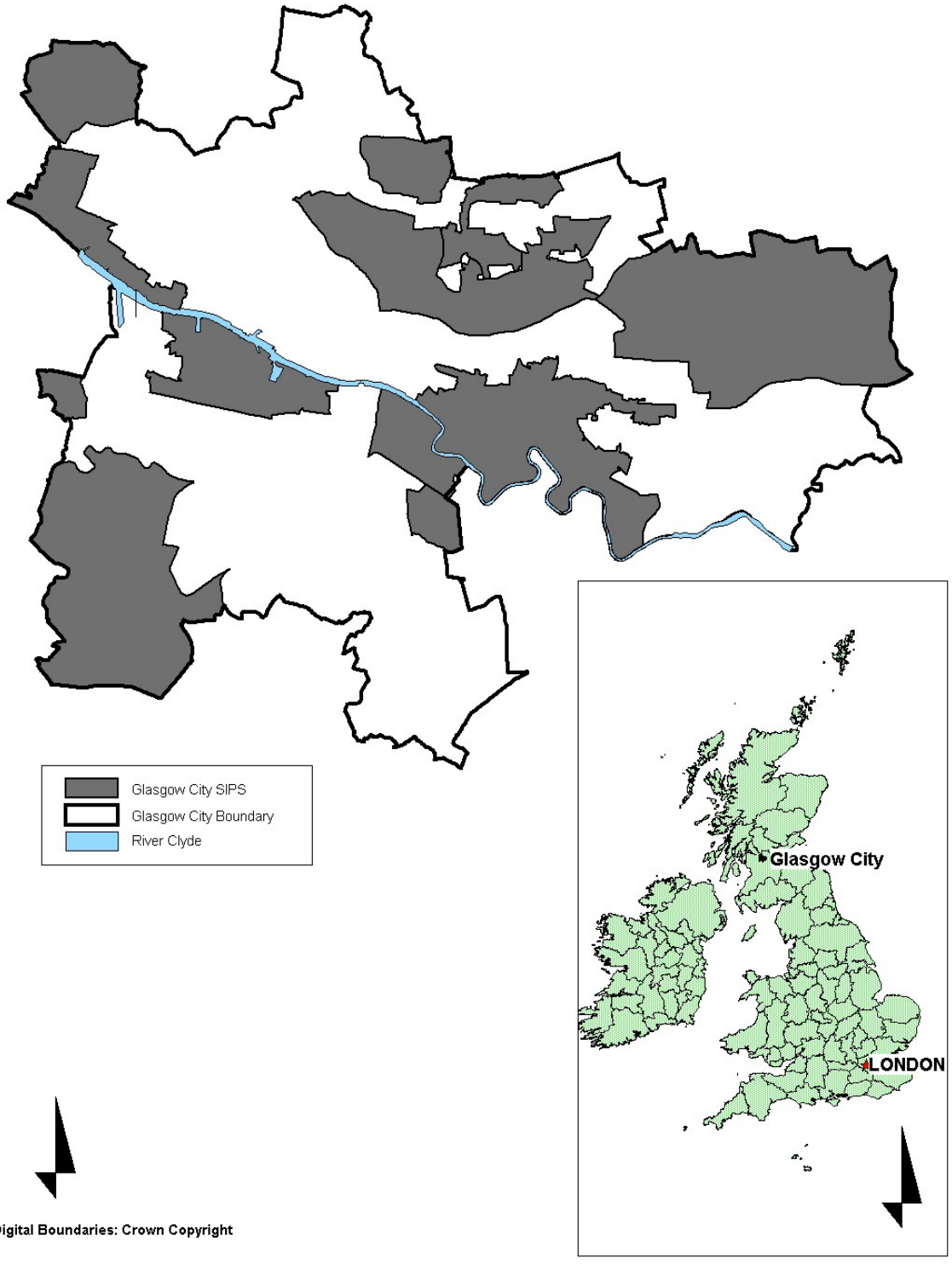


Table 1.1 Age and gender breakdown

Age	Men % of sample	Women % of sample	Total % of sample	Glasgow % of population
16-24	9	9	18	17
25-34	11	11	22	21
35-44	10	9	19	19
45-54	7	7	14	13
55-64	4	5	9	11
65-74	5	5	10	10
75+	2	5	7	8

Table 1.2 SIP / Non-SIP breakdown

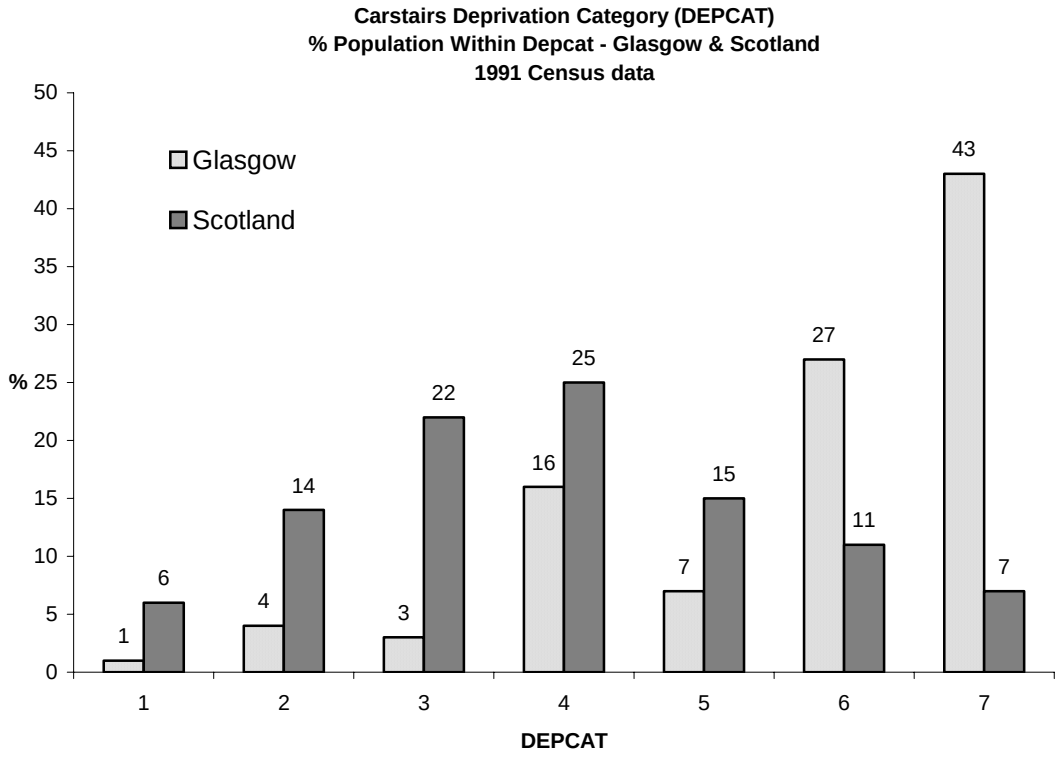
Group	% of sample	Glasgow % of population
SIP	37	38
Non-SIP	64	62

The inequalities in health may be greater than suggested by simply comparing residents in SIP areas to residents in non-SIP areas. It is important to recognise that not all deprived areas of NHS Greater Glasgow fall into SIP areas, and the non-SIP areas will contain people whose health status is likely to be more similar to those who live in SIP areas. Also, there will be some individuals who, while they may live in the more affluent DEPCAT areas, may be deprived.

There are additional difficulties in comparing residents of SIP and non-SIP areas in that Glasgow has a fluid population who migrate in and out of SIP areas. This study did not track migration into and out of SIP areas and we must assume some flow of people both into and out of SIP areas has occurred during this time.

Chart 1.1 (overleaf) displays the percentage of the population who reside in each DEPCAT area in both Glasgow and Scotland. Based on the 1991 Census, over two-thirds of the population in Glasgow live in deprived areas (DEPCATs 6 & 7), whereas the proportion in Scotland as a whole living in deprived areas is less than one-fifth. The intensity of deprivation in Glasgow is dramatic.

Chart 1.1 Percentage of Population living in each DEPCAT area



The following table shows the percentage of the sample resident with each DEPCAT as compared to the Glasgow population in 2000.

Table 1.3 Breakdown by Carstairs Deprivation Index (DEPCAT)

DEPCAT	% of sample	Glasgow % of population 2000
1	6	1
2	4	5
3	3	3
4	18	18
5	7	7
6	29	27
7	39	39

The Report

The rest of the report describes the health and well being of the Glasgow population in 2002. The intent is to provide a snapshot of what is currently happening, as well as to inform the developing community planning agenda. In addition, the report compares two groups: those who live in SIP areas to those who live in non-SIP areas. Selected findings are subdivided into 4 general topic areas: perception of health and illness, use of health services, health behaviours, social health. Finally, the report explores whether there have been any changes that have occurred since the 1999 study.

CHAPTER 2

The Perception of Health and Illness

Overview

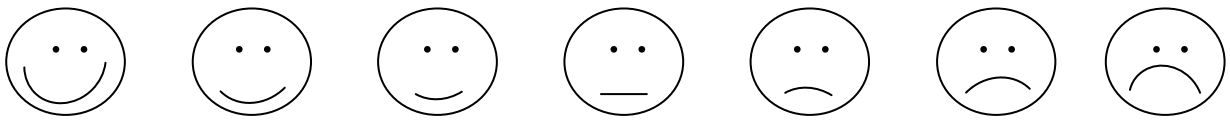
Substantial differences in perceived health status were identified between SIP and non-SIP areas, with those living in SIP areas consistently having a more negative view of their health than those in non-SIP areas.

Self-perceived health and well-being

Respondents were asked to describe their general health using a four-point scale (excellent, good, fair or poor).

- Almost two-thirds (64%) have a positive view, with 22% saying 'excellent' and 43% 'good'. In SIP areas, 49% rate their health as 'excellent' or 'good', compared with 73% in non-SIP areas.

Respondents were asked to assess different components of their health using a 'faces' scale. The scale consisted of 7 faces representing different perceptions ranging from very happy to very unhappy.



Using this scale, they were asked to rate their general physical well being, their general mental or emotional well being and their overall quality of life. Those selecting any of the three 'smiling' faces were categorised as having a positive perception.

- Overall, three-quarters (75%) rate their general physical well being positively. This figure is lower in SIP areas at 62%, compared with 82% in non-SIP areas. A larger proportion of those living in non-SIP areas responded to each of the three 'smiling faces' (15%, 38% and 30% compared to 13%, 29% and 21%).

- Overall, over three-quarters (78%) rate their general mental or emotional well being positively. In SIP areas, the figure is 71%, compared with 85% in non-SIP areas. Again a larger proportion living in non-SIP areas responded to each of the three 'smiling faces' (19%, 39% and 27% compared to 16%, 32% and 23%).

- Overall, 83% rate their quality of life positively. In SIP areas, 73% are positive, compared with 88% in non-SIP areas. In this case, those living in non-SIP areas were more likely to indicate the first two smiling faces, while a larger proportion in SIP areas indicated the third face (22%, 42% and 25% compared to 14%, 31% and 27%).

Respondents were asked whether they feel in control of decisions that affect their lives, such as planning a budget, moving house or changing job.

- Most residents (90%) say they feel in control of these decisions (78% say 'definitely' and 12% 'to some extent'). There is little difference between SIP and non-SIP areas in terms of the proportion saying they have at least some control (93% and 94% respectively). Those living in SIP areas are, however, less likely to say they are 'definitely' in control (72% compared with 82% in non-SIP areas).

Illness

Twenty-five percent of Glasgow residents report having a long-term condition or illness that interferes with day-to-day activities.

- In SIP areas, this proportion is one in three (33%), compared with one in five (21%) in non-SIP areas.

People were asked whether they were currently being treated for a list of illnesses or conditions (Table 2.1). While over half (55%) say they are not being treated for any illness or condition (43% in SIPs and 61% in non-SIPs), the table shows that a considerable proportion is being treated for arthritis/rheumatism/painful joints and high blood pressure.

Table 2.1 Illnesses/Conditions Currently Being Treated

	%
Arthritis or rheumatism or painful joints	16
High blood pressure	10
Asthma, bronchitis, or persistent cough	7
Stress related conditions eg difficulty sleeping or concentrating	7
Coronary heart disease	6
Gastro-intestinal problems, eg peptic ulcer disease, irritable bowel syndrome	5
Clinical depression	5
Diabetes	4
Severe eyesight problems	4
Accident/injury	3
Stroke	2
Severe hearing problems	2
Cancer	1
Epilepsy	1
Drug or alcohol related conditions	1
Other mental health problems	1
Other signs, symptoms and unspecified diagnoses	6
None	55

The only statistically significant difference ($p<0.001$) found between SIP and non-SIP areas was for diabetes, which was more likely to be reported in SIP areas. Overall, just over a quarter (26%) of residents in Glasgow say they have one illness or condition, one in eleven (9%) say they have two, and a further 11% report three or more. The mean number of conditions for which respondents are currently receiving treatment is 0.84 across the whole sample.

- Those in SIP areas are more likely to report having illnesses or conditions for which they are currently receiving treatment. In SIP areas, 43% say they have none, 30% mention one, 13% two and 14% three or more. In non-SIP areas, the comparable figures are 61%, 24%, 7% and 9% respectively. The mean number of reported conditions that are currently being treated is 1.07 in SIPs and 0.71 in non-SIP areas.

- Over one in ten (13%) say they have one or more mental health-related conditions (stress related conditions, clinical depression or mental health problems) for which they are currently receiving treatment (19% in SIP areas compared with 9% in non-SIP areas for these combined mental health categories).

Depression

Another method used to assess depression was the Hospital Anxiety and Depression Scale (HADS). A score of 11 or more on this scale (scored 1-21) indicates clinical depression.

- Overall, 7% of the sample had a HADS score of 11 or above, indicating clinical depression. While there was no difference in the percentages between SIP and non-SIP areas, the mean score in SIP areas was significantly higher (4.07 compared with 2.92 in non-SIP areas).

Accidents

One in seventeen respondents (7%) say they or someone living in the household have had an accident in the past 12 months that has required medical treatment. The main causes have been falls or sharp edges, with accidents most likely to occur in the kitchen.

Oral health

Dental decay continues to be a problem in deprived areas as indicated by the lower proportion of people who have their own teeth. Residents of deprived areas are also less likely to report being registered with a dentist.

- Overall, 85% of residents say they have all (61%) or some (24%) of their own teeth. Currently 11% of residents aged 45-54 say they have no natural teeth compared with the "Towards Healthier Scotland" target of 5% by 2010.

- 17% of those living in SIP areas had no teeth of their own, while the proportion was 15% for those living in non-SIP areas (16% for Glasgow).

- 65% of those living in SIP areas reported registration with a dentist, while the proportion was 73% for those living in non-SIP areas (70% for Glasgow).

CHAPTER 3

The Use of Health Services

Overview

A higher proportion of SIP area residents had used GP services in the past year and the mean number of visits to a hospital outpatient department in the past year was also higher among residents living in SIP areas. However, the reverse was the case for attending a dentist in the past 6 months.

Use of specific health services

- 79% of all residents had seen a GP in the past twelve months. The proportion is higher among residents living in SIP areas (88%) compared to residents in non-SIP areas (74%). The mean frequency of visits is also higher among residents living within SIP areas (6.42 compared with 3.63 in non-SIP areas).

- While there was relatively similar proportion of people living in SIP areas and non-SIP areas who had been to hospital outpatient departments to see a doctor (29% and 23% respectively), the mean frequency of visits is significantly higher among residents living within SIP areas (1.38 compared with 0.84 for non-SIP areas).

- Overall, 47% had been to the dentist within the last six months. However, in SIP areas 36% had been in the last six months compared to 53% in non-SIP areas.

Involvement in decisions affecting health service delivery

The following table displays the positive views regarding Glasgow respondents' recent use and experience of health services such as the GP, Dentist and Hospital.

Table 3.1 Involvement in decisions affecting health service delivery

Indicator	% saying definitely or to some extent
Given adequate information about your condition or treatment	77
Encouraged to participate in decisions affecting your health or treatment	67
Have a say in how services are delivered	62
Feel that your views and circumstances are understood and valued	71

- Four out of ten residents (39%) feel they have 'definitely' been given adequate information about their condition or treatment. A similar proportion (37%) say they have been informed 'to some extent'. About one in ten (11%) say they have not been given adequate information about their condition or treatment. Residents from SIP areas tend to be more critical (15% say they have not been given adequate information compared with 8% of non-SIP residents).

- Three out of ten residents (30%) feel they have 'definitely' been encouraged to participate in decisions affecting their health or treatment. A higher proportion reports they have been encouraged 'to some extent' (38%). Almost one in five (18%) say they have not been encouraged to participate in the decisions.

- One in four (25%) say they 'definitely' have a say in how services are delivered. A higher proportion say 'to some extent' (38%) and one in four say 'no' (23%).

- Three out of ten respondents (30%) feel their views and circumstances are 'definitely' understood and valued. A larger proportion say 'to some extent' (40%). One in seven residents feel they do not have a say (15%).

Accessing health services

When asked how difficult it was to access health services, the responses of residents living in SIP and non-SIP areas were very similar. The two indicators that showed significant differences in responses between SIP and non-SIP were difficulty in getting an appointment to see the GP (43% and 31% respectively) and obtaining an appointment at the hospital (28% and 23% respectively). Table 3.2 displays the responses for all Glasgow residents in the sample. As can be seen, getting an appointment to see the GP and obtaining an appointment at the hospital are difficult for a substantially higher proportion of Glasgow residents than accessing other services.

Table 3.2 Difficulty accessing health services

Indicator	% saying 'some' or 'great' difficulty'
Getting an appointment to see your GP	36
Obtaining an appointment at the hospital	25
Arranging for a home visit from your GP	17
Reaching the hospital for an appointment	13
Getting to the GP's surgery / Health Centre	10
Accessing health services in an emergency	10
Visiting others in hospital	7
Obtaining physiotherapy or chiropody	5
Getting an appointment to see the dentist	5
Getting a prescription made up	5
Obtaining other health services such as optometry (optician), stress relief, addiction services, etc	3

CHAPTER 4

Health Behaviours

Overview

High proportions of the population of Glasgow display health-damaging behaviours.

Summary of health related behaviours

Table 4.1 shows the core indicators for health behaviours as established by the Scottish Executive.

Table 4.1 Core indicators for health behaviours

Indicator	% of sample		
	Glasgow	SIP	Non-SIP
Currently smoking	37	52*****	29*****
Exceeding recommended weekly units of alcohol – all	13	11	15
Exceeding recommended weekly units of alcohol - drank in the past week	31	29	32
Taking at least 30 minutes of moderate exercise 5+ times per week	56	60	54
Taking at least 20 minutes of vigorous exercise 3+ times per week	26	23	28
Taking at least 30 minutes of moderate exercise 5+ times per week OR at least 20 minutes of vigorous exercise 3+ times per week	59	61	57
Consume at least 5 portions of fruit and/or vegetables per day	32	21*****	39*****
Consume at least 5 slices of bread per day	12	15	11
Consume at least 5 portions of cereal per week	40	38	41
Consume at least 2 portions of oily fish per week	30	25	33
Consume at least 2 high-fat snacks per day	33	34	32
Body Mass Index 25 or over	41	47	38
Brush teeth twice or more per day	64	50*****	72*****

***** $p<0.001$

For most of the measures, those in SIP areas tend to report less positive behaviour; however, the only statistically significant differences found between SIP and non-SIP areas were for smoking, eating at least 5 portions of fruit and/or vegetables and brushing your teeth twice or more per day.

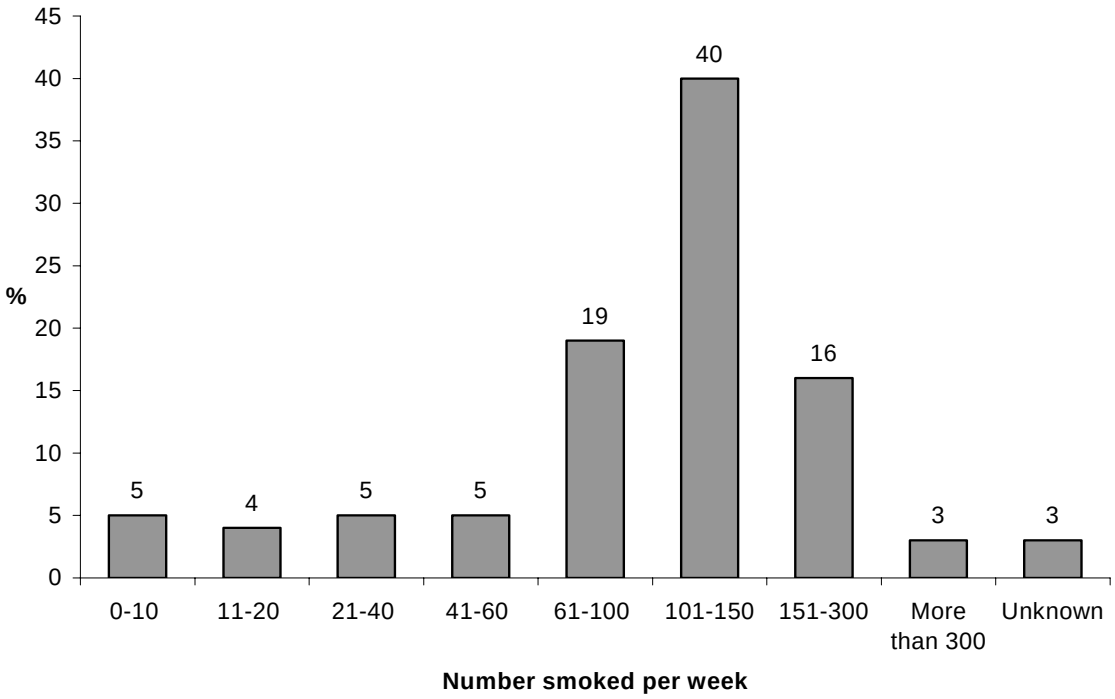
Smoking

Overall, 37% of respondents are 'smokers' (i.e. say they smoke at least some days). The target for smoking is to reduce the rate of smoking from an average of 35% to 33% between 1995 and 2005 and to an average of 31% by 2010.[9]

- In SIP areas, over half (52%) are smokers, compared with just under a third (29%) in non-SIP areas.

Chart 4.1 illustrates that those who do smoke tend to smoke quite heavily, with over half (59%) admitting to smoking more than 100 cigarettes a week.

Chart 4.1 Cigarettes Smoked Per Week



Most respondents (63%) report being exposed to other people's smoke some or most of the time. A further 26% say this seldom happens, leaving only 12% saying it never happens.

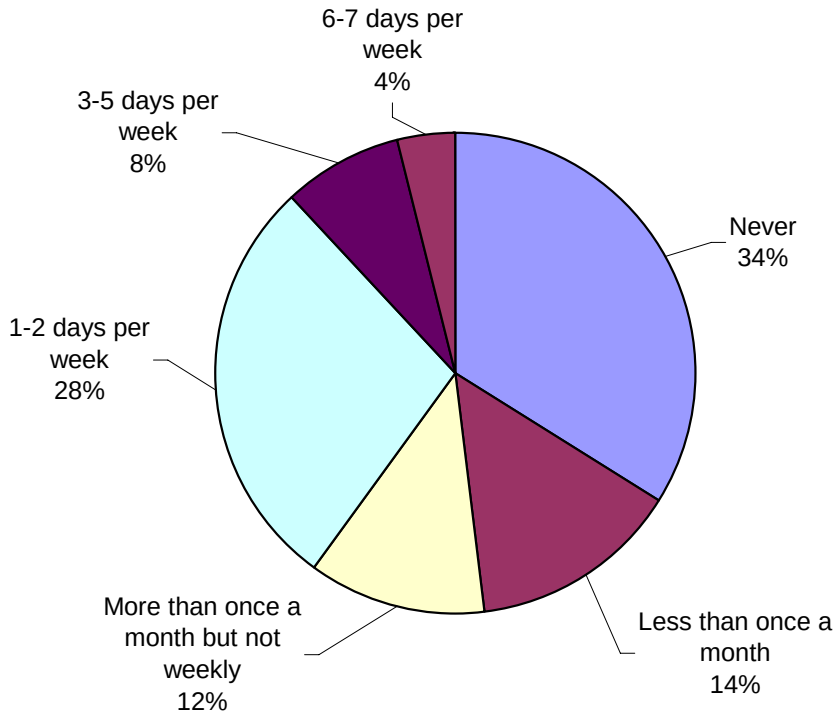
- In SIP areas, over half (54%) say they are exposed to others' smoke most of the time, compared with 36% in non-SIP areas and 43% overall.

[9] *Towards a Healthier Scotland, 2000.*

Drinking

Chart 4.2 shows that most respondents (66%) say they drink alcohol at least sometimes, but fewer than half (40%) say they do so at least once a week.

Chart 4.2 Frequency of drinking alcohol



- Those living in SIP areas are less likely to say they drink than those in non-SIP areas (58% and 70% respectively say they drink alcohol at least sometimes).

- Additionally, a smaller proportion of residents in SIP areas say they drink at least once a week (36% compared with 41% respectively).

Those who say they ever drink were asked to state whether or not they had had a drink in the 7 days preceding the interview, and if so, what exactly they had drunk. Two-thirds of 'drinkers' (66%) say they have had an alcoholic drink in the last week. This translates to 43% of the total sample.

- The target for alcohol misuse is to reduce the incidence of men exceeding the weekly limits from 33% to 31% between 1995 and 2005 and to 29% by 2010 and to reduce the incidence of women exceeding the weekly limits from 13% to 12% for women between 1995 and 2005 and to 11% by 2010.[10]

- The current recommended weekly alcohol consumption limit for men is 21 units per week, and for women it is 14 units per week. Respondents were asked to detail their total consumption per day in the last week (using a diary method), and this data were converted to units. Overall, one in eight (13%) admit to exceeding the recommended limit in the week preceding the interview (20% of men say they drink over 21 units per week and 8% of women say they drink over 14 units per week).

- Overall, there is no significant difference between SIP areas and non-SIP areas in terms of the proportion exceeding this limit. Among women, however, those in SIP areas are far less likely than those in non-SIP areas to say they did so (3% and 11% respectively).

- If the results are analysed based on only those who say they have had a drink in the past week, then 27% exceed the recommended limit (40% of men compared with 21% of women). In SIP areas and non-SIP areas the overall proportions are 29% and 32% respectively.

For the purposes of this analysis, 'binge drinking' is defined as a man drinking more than 8 units on a single day, or a woman drinking more than 6. By this definition, 30% of men and 18% of women admit to having 'binged' at least once in the week preceding interview, ie 24% overall.

- There is no significant difference between SIP and non-SIP areas in terms of incidence of 'binge drinking'.

If the results are analysed based on only those who say they have had a drink in the past week, then 55% have binged in the preceding week (60% of men compared with 48% of women).

- 59% in SIP areas compared with 53% in non-SIP areas binged in the previous week.

Exercise

The recommended levels of physical activity are at least 30 minutes of moderate activity five or more times per week and/or at least 20 minutes of vigorous activity three or more times per week.

Respondents were asked to state the number of days on which they take at least 30 minutes of moderate physical exercise such as brisk walking in an average week. They were also asked to state the number of days on which they take at least 20 minutes of vigorous exercise (enough to make them sweaty and out of breath). They were prompted to include activity that they do in their job, housework, DIY and gardening.

[10] *Towards a Healthier Scotland, 2000.*

- Almost three in five (59%) say they meet the standard of moderate and/or vigorous activity. There is no significant difference between SIP and non-SIP areas.

- Just over half (56%) say they meet the standard of at least 30 minutes of moderate activity five or more times per week. Almost one in five (19%) say that, in an average week, they never do any moderate activity lasting at least 30 minutes. There is no significant difference between SIP and non-SIP areas on this measure.[11]

- Just over a quarter (26%) say they meet the standard of at least 20 minutes of vigorous activity three or more times per week. Over three in five (61%) say that, in an average week, they never do any vigorous activity lasting at least 20 minutes. There is no significant difference between SIP and non-SIP areas on this measure.

Diet

Fruit and Vegetables

The Scottish Diet Action Plan[12] target is for individuals to consume at least five portions of fruit and/or vegetables (excluding potatoes) per day.

- Overall, about one in three (32%) say they do this on an average day; 21% in SIP areas and 39% in non-SIP areas.

- For all Glasgow residents, the mean number of portions of fruit and vegetables consumed per day is 3.72 (1.72 for fruit and 2.01 for vegetables and salads).

- One in ten (10%) say they consume no fruit or vegetables at all on an average day (17% in SIP areas and 6% in non-SIP areas).

Bread

The Scottish Diet Action Plan target is five slices of bread or rolls per day.

- Overall, one in eight (12%) say they eat this on an average day.

- For Glasgow residents, the mean number of portions of bread consumed per day is 2.89.

[11] *The target is to increase the proportion taking 30 minutes of moderate activity on 5 or more occasions each week to 50% for men and 40% for women by 2005 and 60% and 50% respectively by 2010 (Towards a Healthier Scotland, 2000).*

[12] *The Scottish Diet Action Plan (1995) established nutrition targets to be achieved by the year 2005. Most of these targets are in terms of weight (grams) and were assigned their equivalence in portions for ease of understanding.*

Cereal

The Scottish Diet Action Plan target for cereal is five portions per week.

- 40% of the respondents say they usually eat cereal five or more times per week.
- Across Glasgow the mean number of portions of cereal consumed per week is 3.31.

Oily Fish

The Scottish Diet Action Plan target is for individuals to consume at least two portions of oily fish per week.

- Overall, three in ten (30%) say they usually eat two portions of oily fish a week.
- 44% say they do not usually consume oily fish at all.
- Across Glasgow the mean number of portions of oily fish consumed per week is 1.09.

High Fat Snacks

The Scottish Diet Action Plan target is to reduce the average intake of total fat from 40.7% to no more than 35% of food energy, with the average intake of saturated fatty acids reduced from 16.6% to no more than 11% of food energy.

- One in three (33%) say they eat two or more high-fat snacks (eg cakes, pastries, chocolate, biscuits, crisps) on a usual day.
- Across Glasgow the mean number of portions of high fat snacks consumed per day is 1.26.

Body Mass Index

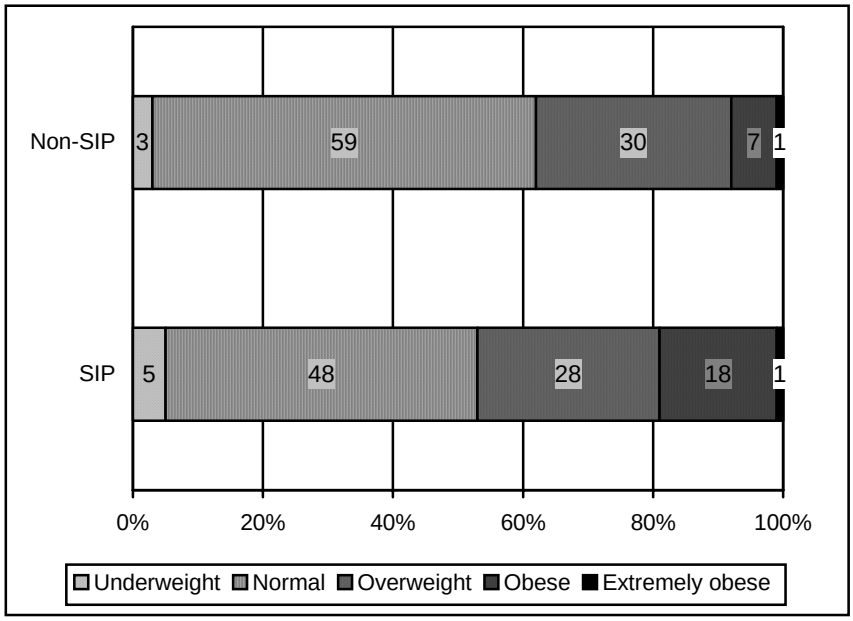
Respondents were asked to state their height and weight, from which their Body Mass Index (BMI) was calculated. A BMI of 25 or over constitutes being above normal weight, and 43% of respondents fit this description.

Chart 4.3 shows that there is a significant difference between SIP and non-SIP areas in terms of the proportion of residents who are classed as above normal weight (47% and 38% respectively).

- Those living in SIP areas are more likely than those in non-SIP areas to be classed as ‘obese’ (18% and 8% respectively).

- Those in SIP areas are also twice as likely as those in non-SIP areas to be underweight (5% and 3% respectively).

Chart 4.3 BMI scores by SIP/non-SIP area



BMI classification points:

Underweight	up to 18.49
Normal	18.5-24.99
Overweight	25-29.99
Obese	30-39.99
Extremely obese	40 and over

Oral Health Behaviour

Almost two-thirds of respondents (64%) say they brush their teeth at least twice a day. The proportion who brush at least twice a day is lower within SIP areas (see Table 4.2).

Table 4.2 Frequency of brushing teeth by SIP / non-SIP

	Glasgow	SIP	Non-SIP
Twice or more a day	64	50	72
About once a day	26	37	20
Less than once a day	3	6	2
Seldom or never	6	7	6

Fluoridation of the Water Supply

People were asked how they felt about adding fluoride to the water supply to help prevent tooth decay. Residents expressed mixed opinions, with over one in three saying it should be added (36%) and almost three in ten saying it should not (29%). Approximately one in four residents did not feel able to answer this question (26%) and 6% say they would need more information before they could decide. A further 3% say 'yes' to the idea but would have some concerns about it.

CHAPTER 5

Social Health

Overview

There were large differences found between people living in SIP areas and those living in non-SIP areas regarding aspects of social health. People in SIP areas were less connected, felt less of a sense of belonging and less valued as a member of their community. They also felt less safe in their neighbourhood and had a more negative view regarding problems and the quality of services in their area.

Social connectedness

Isolation from Family/Friends

When asked if residents ever feel isolated from family and friends, 18% said yes. Those in SIP areas are more likely than non-SIP residents to say this (23% and 16% respectively), but the difference was not statistically significant.

Club Membership

One in five residents (18%) say they belong to a social club, association or similar. A higher proportion of residents who say they belong to a social club attend *local* clubs (90% of those who attend clubs do so locally, compared with 27% attending clubs elsewhere).

Those who live in SIP areas are less likely to say they belong to a social club, association, etc compared to those who live in non-SIP areas (12% and 21% respectively).

Sense of Belonging to the Community

One-third of Glasgow residents (67%) agree with the statement 'I feel I belong to this local area' (53% agree and 14% strongly agree). About one in seven (15%) disagree with this statement (12% say they disagree and 3% say they strongly disagree). Approximately one in five (19%) do not express a view either way.

A greater proportion of SIP residents (70%) than non-SIP residents (65%) agree with the statement and those in SIP areas are also more likely to disagree (18% of SIP residents compared with 13% of non-SIP residents). Residents in non-SIP areas are more likely to be noncommittal and did not express a view either way (12% in SIP compared to 23% in non-SIP).

Feeling Valued as a Member of the Community

About half (49%) agree with the statement 'I feel valued as a member of the community' (40% agree and 10% strongly agree). Just over one in five (22%) disagree with this statement (20% disagree and 2% strongly disagree). Over one in four do not express a view either way (29%).

Those living in SIP areas are significantly more likely to strongly disagree or disagree with this statement (31%) than those in non-SIP areas (17%).

Reciprocity and Trust

Respondents were also asked questions relating to feelings of reciprocity and trust with their neighbours.

- 60% are of the view that "*this is a neighbourhood where neighbours look out for each other*" (48% in SIP areas compared with 61% in non-SIP areas).
- A similar proportion (61%) think that "*generally speaking, you can trust people in my local area*" (55% in SIP areas compared with 64% in non-SIP areas).

Influence Within the Neighbourhood

Over half of Glasgow residents (53%) agree with the statement *"by working together, people in my neighbourhood can influence decisions that affect my neighbourhood"* (43% agree and 10% strongly agree). 18% of residents disagree with this statement (16% say they disagree and 2% say they strongly disagree). Over one in four residents do not express a view either way (29%).

A higher proportion of residents living within non-SIP areas agree with the statement (55% compared with 50% of residents within SIP areas). Residents within SIP areas also express higher levels of disagreement (25% disagree compared with 14% of non-SIP residents).

The Social and Physical Environment

View of Local Area

Respondents were asked to rate their local area on the 7 point 'faces' scale. Most have a positive view of their local area, but less so in SIP areas:

- Overall, two-thirds (67%) have a positive perception of their area as a place to live. Those living in SIP areas are far less likely to rate their area positively (51% compared with 76% in non-SIP areas).
- Overall, over half (55%) have a positive perception of their area as a place to bring up children. Once again, those living in SIP areas are far less likely to rate it positively (45% compared with 60% in non-SIP areas).

Feelings of safety

When asked about how safe they feel in different scenarios, feeling safe when walking around in the local area even after dark appears to the biggest concern for residents (see Table 5.1).
.

Table 5.1 Residents feelings of safety in local area

Indicator	% saying agree or strongly agree
Feel safe in their own home	91
Feel safe using public transport in their area	77
Feel safe walking around their area even after dark	58

Feeling Safe in Own Home

Safety in the home does not appear to be a concern for the majority of residents. Over nine out of ten residents (91%) agree with the statement *"I feel safe in my own home"*. Only 2% of residents disagree with this statement.

The proportions are similar between SIP and non-SIP areas (92% and 90% respectively); however, the strength of feeling does differ (28% of residents in SIP areas strongly agree compared with 40% of residents living within non-SIP areas).

Feeling Safe Using Public Transport

Over three-quarters of residents (77%) agree or strongly agree with the statement *"I feel safe using public transport in this local area"*. 7% of residents disagree or strongly disagree with this statement.

Feeling Safe Walking Around the Local Area Even After Dark

Just under six out of ten (58%) agree with the statement *"I feel safe walking around the area even after dark"*. Opinions are more polarised on this measure, with almost one quarter of residents saying they disagree or strongly disagree with this statement (24%).

Residents in SIP areas are less likely to agree with the statement (56% compared with 59% of non-SIP residents). Similarly, a higher proportion of SIP area residents do not agree with the statement (31% compared with 20% of non-SIP residents).

Perceived Problems in the Local Area

When asked how common a problem a range of issues are in the area, 'young people hanging around' is mentioned by two-thirds of residents (67%) as being a very common / fairly common problem. Nearly four out of ten residents (37%) say that this is a very common problem.

Drug activity, excessive drinking, vandalism / graffiti are mentioned by more than half as being very common / fairly common problems (59%, 58% and 55% respectively).

Residents living within SIP areas more frequently mention all problems (see Table 5.2).

Table 5.2 Perceived problems in local area by SIP / non-SIP *

	% saying fairly / very common problem		
	Glasgow	SIP	Non-SIP
Young people hanging around	68	82	59
Drug activity	59	77	48
Excessive drinking	58	77	47
Vandalism / graffiti	55	75	43
Unemployment	51	74	38
Car crime	43	55	36
Burglaries	31	34	29
Assaults / muggings	28	42	21
Domestic violence	22	37	15
Bullying in schools	20	30	15

* All differences between SIP and non-SIP are statistically significant at $p<0.001$.

Perceived Environmental Problems in the Local Area

When asked how common a problem a range of environmental issues are in the local area, over half (54%) say dog dirt is a very / fairly common problem.

Over a third of the residents say traffic and rubbish lying about are very common / fairly common problems (45% and 40% respectively).

As can been seen in Table 5.3, a higher proportion of residents living within SIP areas say the problems are very common / fairly common compared with residents in non-SIP areas.

Table: 5.3 Perceptions of environmental problems by SIP / non-SIP *

	% saying fairly common / very common problem		
	Glasgow	SIP	Non-SIP
Dog dirt	54	62	50
Traffic	45	51	42
Rubbish lying about	40	47	35
Noise and disturbance	28	38	22
Air pollution	20	18	22
Contaminated drinking water	14	15	14
Vacant / derelict buildings	16	30	8
Vacant / derelict land	16	29	9
Abandoned cars	15	22	11
Poor street lighting	12	14	10

* With the exception of contaminated drinking water (p=0.002) and traffic (p=0.001), all other SIP / non-SIP differences are significant at p<0.001.

Perceived Quality of Services in the Area

Activities for young people leisure/sports facilities and the police are the services that were given the poorest ratings. Residents living within SIP areas tend to give lower ratings of all services (see Table 5.4).

Table 5.4 Perceived quality of services in the area by SIP / non-SIP *

	% saying poor / very poor		
	Glasgow	SIP	Non-SIP
Activities for young people	53	65	46
Leisure/sports facilities	46	52	42
Police	35	49	27
Food shops	20	29	15
Public transport	14	17	12
Childcare provision	13	16	12
Local schools	8	7	8

* With the exception of childcare provision (p=0.002) and local schools (p=0.002), all other differences between SIP and non-SIP are statistically significant at p<0.001.

Individual Circumstances

Several questions were asked to identify personal circumstances that might lead to social exclusion or impact on health. Table 5.5 shows the specific circumstances where there were statistically significant differences ($p<0.001$) between SIP and non-SIP residents.

Table 5.5: Characteristics that could lead to social exclusion by SIP / non-SIP

	%		
	Glasgow	SIP	Non-SIP
Have children under 14	32	42	27
Is a lone parent with children under 14	6	12	3
Has no educational qualifications	30	42	23
Lives in a house where no adults are employed	47	60	39
All household income from state benefits	36	60	21
Lives in a house without a telephone	12	20	8
Has access to the internet	38	22	47
Owns a car	50	31	62

Financial Situation

Using the 7-point faces scale, over half of Glasgow residents (59%) have a positive perception of the adequacy of their income. Those living in SIP areas are, however, far less likely to rate it positively (48% compared with 65% in non-SIP areas).

Respondents were asked how difficult it would be to find a sum of money to meet an unexpected expense. The proportion of residents saying they would have difficulty finding the sums is consistently higher within SIP areas (see Table 5.6)

Table 5.6 Difficulty finding money for unexpected expenses by SIP / non-SIP *

	% saying impossible / a big problem to find…		
Amount	**Glasgow**	SIP	Non-SIP
£20	6	10	3
£100	24	45	12
£1,000	59	81	45

* All show statistically significant differences ($p<0.001$) between SIP and non-SIP.

A greater proportion of residents in SIP areas say it would be 'impossible to find' the higher amounts:

- Over one in ten SIP residents (12%) say it would be impossible to find £100 compared with 3% of non-SIP residents
- Over six out of ten SIP residents (61%) say it would be impossible to find £1,000 compared with one quarter (20%) of non-SIP residents.

CHAPTER 6

Changes since 1999

Overview

There were some interesting statistically significant changes in the three year period.

Determining significant change

The formula used to test for significant change is a hypothesis test for the difference between two proportions. The 'test statistic' (z) is used to determine statistical significance. If the value of *z* falls outside of the range (-3.29 to 3.29)[13], we reject the null hypothesis and conclude that there has been significant change since 1999 (at the 99.9% confidence level).[14]

Perception of Health and Illness

There was a significant change with regards to people's perceptions of health and illness in SIP areas (62% said their health was excellent or good in 1999 while 49% said the same in 2002), but there was no change in non-SIP areas, or overall. However, the proportion of people who feel in control of decisions that affect their life increased in SIP areas (from 84% in 1999 to 93% in 2002) and overall (from 89% in 1999 to 94% in 2002).

Table 6.1 Changes over time regarding perceived health and illness

	%		
	Glasgow	SIP	Non-SIP
Perceive health as excellent or good			
1999	NS*	62	NS
2002	NS	49	NS
Feel in control of decisions that affect life			
1999	89	84	NS
2002	94	93	NS

* NS = not significant at the 99.9% confidence level

[13] *This value of z corresponds to a p value less than 0.001.*

[14] *It should be noted that the formulae used in this chapter strictly apply to simple random samples, whereas this survey uses a complex multi-stage sample design. For this reason, results of tests should be interpreted with caution.*

Use of Health Services

Access to Health Services

There were several changes with regards to the use of health services that were significant at the 99.9% confidence level. Some of these changes involved accessing health services (see Table 6.2). A greater percentage of residents in Glasgow (25% in 1999 and 35% in 2002) and in non-SIP areas (20% in 1999 and 31% in 2002) reported either some or great difficulty getting an appointment with their GP. The direction of change was the same for residents in SIP areas, but was not statistically significant. However, residents in SIP areas were significantly less likely to report difficulty in actually getting to their appointment with the GP (17% said they had at least some difficulty in 1999 which decreased to 9% in 2002).

A significantly greater percentage of residents reported difficulty in getting a hospital appointment. In Glasgow the percentage increased from 14% to 25%, in SIP areas the percentage increased from 15% to 28% and in non-SIP areas the percentage increased from 14% to 23%.

Table 6.2 Changes over time regarding access to health services

	%		
	Glasgow	SIP	Non-SIP
Difficulty getting appointment with GP			
1999	25	NS	20
2002	35	NS	31
Difficulty getting to the GP			
1999	NS	NS	17
2002	NS	NS	9
Difficulty getting appointment with hospital			
1999	14	15	14
2002	25	28	23

Interactions with health professionals

Positive changes were evident regarding the interactions with health professionals (see Table 6.3). When asked whether they received adequate information about their condition or illness, residents in SIP areas, non-SIP areas and Glasgow as a whole were more likely to say definitely or to some extent in 2002 than they were in 1999. Residents in all three areas were also more likely to say that they were encouraged to participate in decisions about their treatment, more likely to say that they had a say in how services were delivered and more likely to say that their views and circumstances were understood.

Table 6.3 Changes over time regarding interactions with health professionals

	%		
	Glasgow	SIP	Non-SIP
Received adequate information about condition/illness			
1999	62	58	64
2002	77	76	77
Encouraged to participate in treatment decisions			
1999	57	58	57
2002	67	71	66
Have a say in how services are delivered			
1999	38	40	37
2002	62	63	62
Views and circumstances understood			
1999	49	50	48
2002	71	72	70

Reported registration with a dentist

The proportion reporting registration with a dentist decreased significantly in Glasgow as a whole, but there was not a significant change at the 99.9% confidence level within either SIP or non-SIP areas (Table 6.4).

Table 6.4 Changes over time in proportion reporting registration with a dentist

	%		
	Glasgow	SIP	Non-SIP
Reported registration with a dentist			
1999	78	NS	NS
2002	70	NS	NS

Health Behaviours

There have been a few statistically significant ($p<0.001$) changes in health behaviours since 1999. Table 6.5 outlines the details of these changes.

Table 6.5 Changes in health behaviours

	%		
	Glasgow	SIP	Non-SIP
5+ portions fruit/veg per day			
1999	23	NS	25
2002	32	NS	39
2+ high-fat snacks per day			
1999	62	67	59
2002	33	34	32
Exceeds weekly alcohol limit			
1999	20	21	NS
2002	13	11	NS
20 mins vigorous 3+ times or 30 mins moderate 5+ times			
1999	49	45	NS
2002	59	61	NS

- The proportion eating at least five portions of fruit/vegetables per day has increased from 23% to 32%. This is due solely to improvements in non-SIP areas, where the proportion meeting this target has increased from 25% in 1999 to 39% in 2002. Therefore, the gap between SIP and non-SIP areas has widened.

- There has been a large decrease in the proportion eating two or more high-fat snacks per day (down from 62% to 33% overall). This is particularly evident in SIP areas (down from 67% to 34%), but also evident in non-SIP areas (down from 59% to 34%). As a result, there is now no significant difference between SIP and non-SIP areas on this measure.

- The proportion exceeding the recommended weekly alcohol limit has fallen from 20% to 13%. This change is almost solely due to residents of SIP areas being less likely to exceed the limit (down from 21% to 11%); in non-SIP areas there has been no significant change, thus the gap between SIP and non-SIP areas has narrowed.

- Those in SIP areas are more likely to meet the minimum exercise standards (at least 30 minutes of moderate activity 5 or more times per week, and/or at least 20 minutes of vigorous activity 3 or more times per week) than they were in 1999 (an increase from 45% in 1999 to 61% in 2002). There was also a statistically significant change among residents of Glasgow as a whole, with the percentage increasing from 49% to 59%.

Social Health

There have been several statistically significant ($p<0.001$) changes regarding social health since 1999.

Social connectedness

- The proportion belonging to a social club has decreased by 9%. This is predominately due to those living in non-SIP areas, where the proportion belonging to a social club has decreased from 32% in 1999 to 21% in 2002. In SIP areas, the proportion also decreased (19% in 1999 to 12% in 2002), but the change was not statistically significant (see Table 6.6).

Table 6.6 Changes in belonging to a social club

	%		
	Glasgow	SIP	Non-SIP
Belong to social club			
1999	27	NS	32
2002	18	NS	21

Social and Physical Environment

- While there was no significant change overall in the proportion of people who had a positive view of their local area as a place to raise children, the proportion increased in SIP areas from 29% in 1999 to 45% in 2002.

- People feel safer now walking alone in their neighbourhood even after dark. Overall, the proportion saying they felt safe increased from 46% in 1999 to 58% in 2002. In SIP areas, there was a dramatic increase from 39% in 1999 to 56% in 2002. In non-SIP areas, the direction of change was the same, but it was not statistically significant ($p<0.001$).

The extent of these changes can be seen in Table 6.7.

Table 6.7 Changes in Social and Physical Environment

	%		
	Glasgow	SIP	Non-SIP
Positive perception of area for raising children			
1999	NS	29	NS
2002	NS	45	NS
Feel safe walking alone even after dark			
1999	46	39	NS
2002	58	56	NS

Individual Circumstances

- There was a large decrease in the proportion of people without any educational qualifications in both SIP and non-SIP areas, as well as overall. In Glasgow, the proportion with no educational qualifications dropped from 46% to 30%. In SIPs the proportion with no educational qualifications decreased from 56% to 42%, while in non-SIP areas there was a decrease from 41% to 23%.

- Overall the proportion of households without any adults employed decreased from 54% to 47%. This is mostly due to the change in non-SIP areas, where the proportion decreased from 50% to 39%.

- There has been a large increase in the proportion of people who have internet access at home overall from 17% in 1999 to 31% in 2002, predominately due to the change in non-SIP areas where the percentage increased from 20% to 38%.

Details of these changes can be seen in Table 6.8.

Table 6.8 Changes in Individual Circumstances

	%		
	Glasgow	SIP	Non-SIP
No educational qualifications:			
1999	46	56	41
2002	30	42	23
No adults in household employed:			
1999	54	NS	50
2002	47	NS	39
Internet access at home:			
1999	17	NS	20
2002	31	NS	38

Financial Situation

There were some positive changes in people's financial situation, detailed in Table 6.9.

- The proportion of people who said it would be impossible or a big problem to find £100 in an emergency decreased from 34% in 1999 to 24% in 2002. This was predominately due to the change in non-SIP areas where the proportion dropped from 29% to 12%.
- The proportion of people who said it would be impossible or a big problem to find £1000 in an emergency decreased from 76% to 59%. This was predominately due to the change in non-SIP areas where the proportion dropped from 70% to 45%.

Table 6.9 Changes in Financial Situation

	%		
	Glasgow	SIP	Non-SIP
Impossible or big problem to find £100 in emergency			
1999	34	NS	29
2002	24	NS	12
Impossible or big problem to find £1000 in emergency			
1999	76	NS	70
2002	59	NS	45

CHAPTER 7

Summary

This study is the first follow-up of the 1999 baseline Health and Well-being Study. It provides the opportunity to assess the perceived health status of people in Glasgow in 2002, as well as monitor the core indicators and track changes over time.

Self-reported Health in 2002

Substantial differences in perceived health status were identified between SIP and non-SIP areas, with those living in SIP areas consistently having a more negative view of their health than those in non-SIP areas. There were also a few differences among those living in SIP and non-SIP areas regarding their use of health services. People living in SIP areas were more likely to attend the GP in the past year and the mean number of visits to hospital outpatient departments was higher; however, residents of SIP areas were less likely to attend a dentist in the past six months.

High proportions of the population of Glasgow display health-damaging behaviours. For most behaviours, a greater proportion living in SIP areas tend to report damaging behaviour. However, the only statistically significant differences found between SIP and non-SIP areas were for smoking, eating at least 5 portions of fruit and/or vegetables and brushing your teeth twice or more per day.

Regarding aspects of social health, people in SIP areas tend to be less connected, feel less of a sense of belonging and less valued as a member of their community. They also feel less safe in their neighbourhood and have a more negative view regarding social problems, environmental problems and the quality of services in their area. These findings are not surprising as these measures are indicators of long-term exclusion and poverty.

While there were several differences between residents of SIP and non-SIP areas, it is important to note that poverty and exclusion are not limited to SIP designated areas in Glasgow. Nevertheless, there are still considerable gaps between those living in SIP and non-SIP areas along a variety of self-reported health measures.

Changes since 1999

In general, there were few statistically significant changes in the three-year period. Dramatic change after just three years would be exceptional; however, there are a number of areas where the findings suggest an improved quality of life and healthy living for residents.

Health Perceptions

- Residents in SIP areas were less likely to say that their health was excellent or good, decreasing from 62% in 1999 to 49% in 2002.

- The proportion of people who feel in control of decisions that affect their life increased in SIP areas and overall. In SIP areas, the change was considerable, increasing from 84% to 93%, while there was no statistically significant change in non-SIP areas.

Health Services

- A greater percentage of residents in Glasgow (25% in 1999 and 35% in 2002) and in non-SIP areas (20% in 1999 and 31% in 2002) reported either some or great difficulty getting an appointment with their GP.

- Residents in SIP areas were significantly less likely to report difficulty in actually getting to their appointment with the GP (17% said they had at least some difficulty in 1999 which decreased to 9% in 2002).

- A significantly greater percentage of residents reported difficulty in getting a hospital appointment in Glasgow (14% in 1999 and 25% in 2002), in SIP areas (15% in 1999 and 28% in 2002) and in non-SIP areas (14%in 1999 and 23% in 2002).

- When asked whether they received adequate information about their condition or illness, residents in SIP areas (58% in 1999 and 76% in 2002), non-SIP areas (64% in 1999 and 77% in 2002) and Glasgow as a whole (62% in 1999 and 77% in 2002) were more likely to say definitely or to some extent in 2002 than they were in 1999.

- Residents in all three areas were more likely to say that they were encouraged to participate in decisions about their treatment. In SIP areas the percentage increased from 58% to 71%, in non-SIP areas the percentage increased from 57% to 66% and overall the percentage increased from 57% to 66%.

- Residents in all three areas were more likely to say that they had a say in how services were delivered. In SIP areas the percentage increased from 40% to 63%, in non-SIP areas the percentage increased from 37% to 62% and overall the percentage increased from 38% to 62%.

- Residents in all three areas were more likely to say that their views and circumstances were understood. In SIP areas the percentage increased from 50% to 72%, in non-SIP areas the percentage increased from 48% to 70% and overall the percentage increased from 49% to 71%.

- The proportion of Glasgow residents who report being registered with a dentist decreased from 78% to 70%.

Health Behaviours

- The proportion of Glasgow residents eating at least five portions of fruit/vegetables per day has increased from 23% to 32%. In non-SIP areas there has been an increase from 25% to 39%, while there was no statistically significant change in SIP areas.

- The proportion eating two or more high-fat snacks per day decreased from 62% to 33% overall. The change is most dramatic in SIP areas (67% to 34%), yet there was also a large change in non-SIP areas (59% to 32%).

- The proportion exceeding the recommended weekly alcohol limit has fallen from 20% to 13% overall and in SIP areas the proportion is down from 21% to 11%. There was no statistically significant change in non-SIP areas.

- More people in SIP areas reported meeting the minimum exercise standards (at least 30 minutes of moderate activity 5 or more times per week, and/or at least 20 minutes of vigorous activity 3 or more times per week) than in 1999 (45% in 1999 and 61% in 2002). There was also a statistically significant change in Glasgow (49% in 1999 and 59% in 2002), but not in non-SIP areas.

Social Health

- The proportion belonging to a social club has decreased by 9%. In non-SIP areas, the proportion decreased from 32% to 21%, yet there was no statistically significant change in SIP areas.

- The proportion of people in SIP areas with a positive view of their local area as a place to raise children increased from 29% to 45%. There was no statistically significant change in either non-SIP areas or overall.

- Overall, the proportion that said they felt safe walking alone in their neighbourhood even after dark increased from 46% to 58%. A statistically significant change was also evident in SIP areas (39% to 56%), but not in non-SIP areas.

- The proportion with no educational qualifications decreased from 46% to 30% overall. In SIP areas the proportion decreased from 56% to 42% and in non-SIP areas there was a decrease from 41% to 23%.

- Overall the proportion of households without any adults employed in non-SIP areas decreased from 50% to 39% and from 54% to 47% overall. There was no statistically significant change in SIP areas.

- The proportion of people who have internet access at home increased from 17% to 31% overall. A statistically significant change was also evident in non-SIP areas (20% to 38%), but not in SIP areas.

- The proportion of people who said it would be impossible or a big problem to find £100 in an emergency decreased from 34% to 24%. In non-SIP areas the proportion dropped from 29% to 12%, while there was no statistically significant change in SIP areas.

- The proportion of people who said it would be impossible or a big problem to find £1000 in an emergency decreased from 76% to 59%. In non-SIP areas the proportion dropped from 70% to 45%, while there was no statistically significant change in SIP areas.

The health challenge for Scotland has been identified as the need to:

- "improve the health of all the people in Scotland and

- to narrow the opportunity gap and improve the health of our most disadvantaged communities at a faster rate, thereby narrowing the health gap".

Greater Glasgow is the Health Board area with the largest proportion of Scotland's population and the greatest concentration of deprivation (e.g. the area contains 7 of the 10 unhealthiest Westminster constituencies). The need to tackle health inequalities is therefore an overriding priority within the Local Health Plan for Greater Glasgow, with explicit linkages being made between the health and social inclusion agendas and the recognition that work to promote healthier lifestyles must be allied to work to improve life circumstances. Since 1999 there has been a concerted and coordinated programme of initiatives involving national government, the health board, the Glasgow Alliance, local authorities and their community planning partners, the voluntary sector and communities, targeting those most in need, and specifically those living in Social Inclusion Partnership areas.

While the results of this survey must be treated with due caution, there are some encouraging signs of positive change in some aspects of health among the whole population. Perhaps even more significantly in relation to the policy context, the findings suggest positive changes have occurred among those living in SIP areas (with the bonus that there are some aspects of health where improvements suggest that the inequality gap would appear to have decreased.)

These changes, although significant, are only the first step in a tracking process, thus we are unable to ascertain trends at this stage. Many of the initiatives introduced will take some time before changes are expected on a population level; this study can therefore only provide an initial indication of any changes that may be occurring. Further research is planned for the future that will provide a clearer picture as to the extent of change resulting from the health improvement and social regeneration work going on in Greater Glasgow.

Nevertheless, it is heartening to find that some positive changes do seem to be occurring in SIP areas, non-SIP areas and overall, and that in respect of at least some of the measures, the gap between SIP areas and non-SIP areas is decreasing. It is worthy of note that overall the population of Greater Glasgow would appear to be making positive changes in their

diet, to have reduced their alcohol consumption, feel safer in their neighbourhoods and more financially secure, with more people in employment. That more people in SIP areas feel in control of their lives, have improved their nutrition, reduced their alcohol intake and take exercise suggests that efforts to support people through Social Inclusion Partnerships are helping them to make positive changes in their lifestyles. It is also encouraging that a greater proportion of people in SIP areas view their area positively in regards to raising children and that more people throughout Greater Glasgow, in both SIP areas and non-SIP areas, are acquiring educational qualifications.

The efforts of partnership working certainly seem to be influencing the broader determinants of health and having a positive impact on people in the Greater Glasgow area, at least in some areas of their lives. There is still considerable work to be done to reduce the inequality gap between the more affluent and more deprived in Glasgow, but the survey results suggest the policies and programmes that have been implemented are making a difference and provide the groundwork for further efforts to be successful.

References

Carstairs, V and R Morris (1991). *Deprivation and Health in Scotland.* Aberdeen University Press, Aberdeen, UK.

Glasgow Alliance (2001). *Creating Tomorrow's Glasgow.*

Registrar General for Scotland (2001). *2000 Mid-year Population Estimates.*

Snaith, RP and AS Zigmond (1983, 1992, 1994). *Hospital Anxiety and Depression Scale (HADS).* NFER-NELSON, Windsor, UK.

The Scottish Executive (2003). *Partnership for Care – Scotland's Health White Paper.*

The Scottish Executive (2002). *Better Communities in Scotland: Closing the Gap – The Scottish Executive's Community Regeneration Statement.*

The Scottish Executive (2000). *Our National Health: A Plan for Action, A Plan for Change.*

The Scottish Executive (1999). *Social Justice – A Scotland Where Everyone Matters.*

The Scottish Office Department of Health (1999). *Towards a Healthier Scotland – A White Paper on Health.*

The Scottish Office Department of Health (1996). *Eating for Health: A Diet Action Plan for Scotland.*

Further Information

Should you require further copies of this Summary Report or additional information on its contents, please contact:

Dr. Russell Jones Senior Research Officer

or

Evelyn Borland Acting Director of Health Promotion

at

NHS Greater Glasgow
Department of Health Promotion
Dalian House
350 St. Vincent Street
Glasgow G3 8YY

Phone: 0141 201 4617

Email: russell.jones@gghb.scot.nhs.uk
evelyn.borland@gghb.scot.nhs.uk

NHS Greater Glasgow
Department of Health Promotion

Dalian House
350 St. Vincent Street
Glasgow G3 8YY
Telephone: 0141 201 4617
www.nhsgg.org.uk

ISBN 0-948310-34-0